

IAP15 Rec'd PCT/PTO 19 JUL 2006

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| FORM PTO-1390<br>MODIFIED   | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br>4662-223  |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |   | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/586617</b><br>Unknown |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP2005/000837  | INTERNATIONAL FILING DATE<br>26 January 2005            | PRIORITY DATE CLAIMED<br>29 January 2004  |
| TITLE OF INVENTION<br><b>IMPROVED LATERAL FLOW BINDING ASSAY</b>  |   |   |
| APPLICANT(S) FOR DO/EO/US<br><b>FRANSE et al</b>  |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |   |   |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The U.S. has been elected (Article 31).</p> <p>5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)).</p> <p>a. <input checked="" type="checkbox"/> WO 2005/075998 is attached hereto (18 pages specification, claims &amp; abstract (10 claims), 3 sheets drawings).</p> <p>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(3))</p> <p>a. <input type="checkbox"/> is attached hereto (      pages specification, claims &amp; abstract (      claims),      sheets drawings,      page Certificate of Translation).</p> <p>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))</p> <p>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</p> <p>b. <input type="checkbox"/> have been communicated by the International Bureau.</p> <p>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has <b>NOT</b> expired.</p> <p>d. <input type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. a. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>b. <input type="checkbox"/> Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (      page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |   |   |
| <p><b>Items 11 To 20 below concern document(s) or information included:</b></p> <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.</p> <p>13. a. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</p> <p>b. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 C.F.R. § 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information. NOTIFICATION OF THE RECORDING OF A CHANGE</p>   |   |   |

IAP11 Rec'd PCT/PTO 19 JUL 2006

|   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
|---|--------------------------------------|---|---------------------------------|--------------------------------------|-----------------|--|---------------------------------|----|--------|--|---|--------------------------------------|-----|----|--------|--|----------------------|--|--|--|--|-------------------------------|--|--|--|--|--------------------------------|--|--|--|--|--------------------------------------|----|--------|--|------------------------------------|--|--|--|----|--------|
| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/586617</b>  |                                      | INTERNATIONAL APPLICATION NO.<br>PCT/EP2005/000837                            |                                 | ATTORNEY'S DOCKET NUMBER<br>4662-223 |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <input checked="" type="checkbox"/> The following fees are submitted:   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):</b>   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <table border="1"> <tr> <td>21. <input checked="" type="checkbox"/> Basic national fee .....</td> <td>\$300.00 (1631)/\$150.00 (2631)</td> <td>\$</td> <td>300.00</td> <td></td> </tr> <tr> <td>22. <input checked="" type="checkbox"/> Examination Fee.....<br/>(1643/2643)</td> <td>.....\$200.00 (1633)/\$100.00 (2633)</td> <td>\$0</td> <td>\$</td> <td>200.00</td> </tr> <tr> <td>23. <input checked="" type="checkbox"/> Search Fee .....</td> <td>.....\$0 (1640/2640)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....\$100 (1641)/\$50 (2641)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....\$400 (1642)/\$200 (2642)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>.....\$500.00 (1632)/\$250.00 (2632)</td> <td>\$</td> <td>400.00</td> <td></td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS</b></td> <td>\$</td> <td>900.00</td> </tr> </table> |                                      |   |                                 |                                      |                 | 21. <input checked="" type="checkbox"/> Basic national fee ..... | \$300.00 (1631)/\$150.00 (2631) | \$ | 300.00 |  | 22. <input checked="" type="checkbox"/> Examination Fee.....<br>(1643/2643) | .....\$200.00 (1633)/\$100.00 (2633) | \$0 | \$ | 200.00 | 23. <input checked="" type="checkbox"/> Search Fee ..... | .....\$0 (1640/2640) |  |  |  |  | .....\$100 (1641)/\$50 (2641) |  |  |  |  | .....\$400 (1642)/\$200 (2642) |  |  |  |  | .....\$500.00 (1632)/\$250.00 (2632) | \$ | 400.00 |  | <b>TOTAL OF ABOVE CALCULATIONS</b> |  |  |  | \$ | 900.00 |
| 21. <input checked="" type="checkbox"/> Basic national fee .....  | \$300.00 (1631)/\$150.00 (2631)      | \$  | 300.00                          |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| 22. <input checked="" type="checkbox"/> Examination Fee.....<br>(1643/2643)   | .....\$200.00 (1633)/\$100.00 (2633) | \$0   | \$                              | 200.00                               |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| 23. <input checked="" type="checkbox"/> Search Fee .....  | .....\$0 (1640/2640)                 |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
|   | .....\$100 (1641)/\$50 (2641)        |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
|   | .....\$400 (1642)/\$200 (2642)       |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
|   | .....\$500.00 (1632)/\$250.00 (2632) | \$  | 400.00                          |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <b>TOTAL OF ABOVE CALCULATIONS</b>  |                                      |   |                                 | \$                                   | 900.00          |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Total Sheets  | Extra Sheets                         | Number of each additional 50 or fraction thereof (round up to a whole number) |                                 | RATE                                 |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| 0 -100  | 0                                    | /50 =   | 0.00                            | \$0.00 (1681)                        | \$              |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
|   |                                      |   |                                 | \$0.00 (2681)                        |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Surcharge of \$130.00 (1617)/\$65.00 (2617) for furnishing the oath or declaration later than <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| CLAIMS  | NUMBER FILED                         | # EXTRA   | RATE                            |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Total Claims  | 10                                   | minus 20<br>=   | 0 X                             | \$50.00 (1615)/                      | \$25.00 (2615)  |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Independent Claims  | 1                                    | minus 3 =   | 0 X                             | \$200.00 (1614)                      | \$100.00 (2614) |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)  |                                      |   | \$360.00 (1616)/\$180.00 (2616) |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s): One Month Extension \$120.00 (1251)/\$60.00 (2251); Two Month Extensions \$450.00 (1252)/\$225.00 (2252); Three Month Extensions \$1020.00 (1253)/\$510.00 (2253); Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Processing fee of \$130.00 (1618), for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)). + 0.00  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <b>TOTAL NATIONAL FEE = \$ 900.00</b>   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 (8021) per property + \$ 40.00  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Fee for Petition to Revive Unintentionally Abandoned Application; \$1500.00 (1453) / \$750.00 (2453) \$ 0.00  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <b>TOTAL FEES ENCLOSED = \$ 940.00</b>  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
|   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Amount to be refunded: \$   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| Amount to be Charged: \$  |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |
| <p>a. <input type="checkbox"/> A check in the amount of \$940.00 to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. 14-1140 in the amount of \$_____ to cover the above fees.</p> <p>A duplicate copy of this form is enclosed.</p>   |                                      |   |                                 |                                      |                 |  |                                 |    |        |  |   |                                      |     |    |        |  |                      |  |  |  |  |                               |  |  |  |  |                                |  |  |  |  |                                      |    |        |  |                                    |  |  |  |    |        |

10/586617 Mail Stop PCT  
IAP11 Rec'd PCT/PTO 19.III.2006

- c.  The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed.
- d.  **CREDIT CARD PAYMENT FORM ATTACHED.**
- e.  The entire content of International Application No. PCT/EP2005/000837 and any U.S. and foreign application(s) corresponding thereto, and EP 04075266.9, referred to in this application is/are hereby incorporated by reference in this application.
- NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b) must be filed and granted to restore the application to pending status.**

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Customer Number:

**23117**

Type Customer Number here

Telephone: (703) 816-4000

BHD:lmv

  
**Bryan H. Davidson**

NAME

**30,251**

REGISTRATION NUMBER

**July 19, 2006**

Date